MetLife

15 March 2016

MR MOEEN KHAN
P O BOX 78030
DUBAI UAE
Tel +97143575550 Fax +

Original by Courier

Dear MR MOEEN KHAN,

Re : Group Insurance Policy No 4040303137
Policyholder: FIRST SOLUTION MANAGEMENT SERVICES

After recalculating the Group rates in accordance with the Policy renewal terms, we kindly inform you that on the premium due date **05/05/2016,** the following renewal terms will be effective provided the claim's experience remains the same as now; should the experience change, premiums will be affected accordingly :-

ESSENTIAL BENEFIT PLAN
The in force **Group Insurance annual premium rates shall be increased to AED 675**, with enclosed benefits.

Hold Harmless Agreement (Clause II of PPO Network of Medical Providers)
Payments made by MetLife to the Medical Providers, under the Hold Harmless Agreement will be sent separately (if any).

Company Profile Form (CPF)
In order to comply with the local regulatory requirements, the attached CPF is required to be completed by the client and submitted to us with the following documents;

1. Copy of valid Trade License
2. Copy of valid National ID Card or Passport of the Owners/Partners/Directors as indicated in the trade license.
3. Total Number of Lower Salary Band Employees (employees with gross monthly salary of AED 4,000 or less): _____ employees.

The above information is required to be obtained by insurance companies as per Insurance Authority & Dubai Health Authority (DHA) Directives.

Kindly sign the duplicate of this letter to indicate your acceptance to renew this group insurance policy. Appropriate policy documents reflecting any renewal action will be issued and sent to your kind attention. Renewal Cards will be released if no outstanding premium is pending for the policy.

We take this opportunity to thank you for your past patronage and look forward to many years of future association.

MetLife

Written intimation regarding renewal, extension of the policy should be provided to MetLife before renewal date otherwise policy will be considered terminated. In case MetLife does not receive a written intimation within 30 days of renewal date the policy will be terminated permanently from the renewal date and no reinstatement will be entertained thereafter.

Sincerely yours,

for MetLife – Gulf

Renewal Accepted for the Policyholder

P.O.Box: 60572
216 AlNasr Plaza
Oud Metha Road
Dubai - U.A.E.
FIRST SOLUTION MANAGEMENT SERVICES

.....
Signature & Stamp

CHIEF EXECUTIVE OFFICER
Title

22/3/2016
Date

Cc: AZHAR MAHMOOD KHAN : DSC HAMARAIN

Note: Please fill up attached form to update your company records.

MetLife

Table of Benefits

General Benefits		
Maximum plan benefit per year *(including any coinsurance and/or deductibles)*	AED 150,000	
	Out-Patient	**In- Patient**
Area of Coverage	Basic healthcare services Within the UAE	UAE& Indian Sub-continent &south East Asia (upon referral)
	Emergency medical treatment within all emirates of the UAE	
Provider Network	FMC DHA Basic Network	MetLife Restricted network India- direct billing available at assigned providers only
Pre-existing conditions (Where a pre-existing or chronic condition develops into an emergency within the 6 month exclusion period this must be covered up to the annual aggregate limit)	Treatment for chronic and pre-existing conditions excluded for first 6 months of first scheme membership of an individual's first scheme entered into UAE (Here ''scheme'' includes any and all schemes providing cover for medical expenses whether or not on a self-funded or insured basis). In all other cases, pre- existing conditions must be covered from date of enrolment.	
Reimbursement Outside Network	Emergency medical treatment within the UAE	Emergency medical treatment within the UAE. Eligible claims incurred in the Indian Subcontinent & South East Asia will be reimbursed based on coinsurance levels (and per reasonable & customary charges within the network)
In-Patient Benefits		
Basic healthcare services for in-patients at authorized hospitals Referral procedure: In respect of Essential benefit plan members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General Practitioner (or equivalent as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The GP must make his referral together with reasons via the DHA e-Referrals system (or other such temporary manual systems) for the claim to be considered		
Tests, diagnosis, treatments and surgeries for Non-urgent cases *Pre-approval is required for this benefit*	20% copay of maximum AED 500/incident and AED 1,000/year applied at the time of payment in areas of coverage only *(see 'general benefits' above).* Any treatment above the maximum copay will be 100% covered by MetLife.	
Emergency Treatment *Approval required within 24 hours of admission to the authorized hospital*	Covered	
Room & Board	In-patient services will be received in rooms of two or more beds Prior approval required from the insurance company	
Ambulance	Ground transportation services in the UAE provided by an authorized party for medical emergencies	

Accommodation costs for one parent/guardian staying in hospital with an insured child under 16	Maximum AED 100/night can be applied
Accommodation costs for one adult staying in hospital with an in-patient	Covered in cases where the treating doctor has recommended this as a medical necessity and has received pre-approval from MetLife Maximum AED 100/night can be applied
Out-Patient Benefits	
Basic healthcare services for out-patients at authorized hospitals/clinics/health centers Referral procedure: In respect of Essential benefit plan members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General Practitioner (or equivalent as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The GP must make his referral together with reasons via the DHA e-Referrals system (or other such temporary manual systems) for the claim to be considered	
Examination, diagnostic and treatment by authorized general practitioners, specialists and consultants	20% copay per visit applied at the time of payment You should not be charged the co-pay for follow-up visits within 7 days from your initial consultation.
Laboratory tests carried out in authorized facility	20% copay applied at the time of payment
Radiology diagnostic services carried out in authorized facility *Non-medical emergencies require pre-approval for MRI, CT scans and endoscopies*	20% copay applied at the time of payment
Physiotherapy *Pre-approval is required for this benefit*	Covered for a maximum of 6 sessions per year 20% copay per session
Medication *Pre-approval is required for this benefit* *Restricted to a list of formulary products to be published by DHA*	Maximum AED 1,500/year (including copay) 30% payable by member on each prescription. Any medication in excess of the annual limit will not be covered.
Preventive Services, vaccines and immunizations	
Vaccination *As specified by the DHA*	Essential vaccinations and inoculations for newborns and children as stipulated in the DHA's policies and its updates (currently the same as Federal MOH)
Preventive Services *As specified by the DHA*	Diabetes screening every 3 years from age 30. High risk individuals annually from age 18
Additional Preventive Services	The DHA will notify authorized insurance companies of any preventative services that will be added to the basic package 3 months prior to the date of implementation. The new preventive services will be covered from the effective date.
Maternity	
Waiting period	**Nil**

Out-patient pre-natal services *Pre-approval is required for this benefit* Note: Where any condition develops which becomes life threatening to either the mother or the newborn, the medically necessary expenses will be covered up to the annual aggregate limit.	**10% copay applied at the time of payment** 8 visits to PHC; All care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals All care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals. Services include: • FBC and Platelets • Blood group, Rhesus status and antibodies • VDRL • MSU & urinalysis • Rubella serology • HIV • Hep C offered to high risk patients • GTT if high risk • FBS , random s or A1c for all due to high prevalence of diabetes in UAE • 3 ante-natal ultrasound scans Visits to include reviews, checks and tests in accordance with DHA pre-natal care protocols
In-patient maternity services *Pre-approval required for this benefit or within 24 hours of emergency treatment*	10% copay applied at the time of payment Maximum AED 7,000 for normal delivery (including copay) Maximum AED 10,000 for medically necessary C-section, complications and medically necessary termination (including copay) All limits include coinsurance
Newborn cover	30 days coverage from date of birth BCG, Hepatitis B and neo-natal screening test (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia) Coverage of a pregnant female is extended by the insurer to provide the same benefits for a new born child of that female for a period up to 30 days from its date of birth. This cover is provided regardless whether or not the new born is eventually enrolled as a dependent member under the insurer's policy.

Exclusions

Non-basic healthcare services not covered under this plan

1. Healthcare Services which are not medically necessary
2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
3. Home nursing; private nursing care; care for the sake of travelling.
4. Custodial care including
   (1) Non-medical treatment services;
   (2) Health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
5. Services which do not require continuous administration by specialized medical personnel.
6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).

7. All cosmetic healthcare services and services associated with replacement of an existing breast implant. Cosmetic operations which are related to an Injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body and breast reconstruction following a mastectomy for cancer are covered.
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medical services utilized for the sake of research, medically non-approved experiments and investigations and pharmacological weight reduction regimens.
10. Healthcare Services that are not performed by Authorized Healthcare Service Providers.
11. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs.
12. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
13. Any investigations, tests or procedures carried out with the intention of ruling out any foetal anomaly.
14. Treatment and services for contraception
15. Treatment and services for sex transformation, sterilization or intended to correct a state of sterility or infertility or sexual dysfunction. Sterilization is allowed only if medically indicated and if allowed under the Law.
16. External prosthetic devices and medical equipment.
17. Treatments and services arising as a result of hazardous activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any professional sports activities.
18. Growth hormone therapy.
19. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
20. Mental Health diseases, both out-patient and in-patient treatments, unless it is an emergency condition.
21. Patient treatment supplies (including for example: elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments,) excluding supplies required as a result of Healthcare Services rendered during a Medical Emergency.
22. Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment); any physical, psychiatric or psychological examinations or investigations during these examinations.
23. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first degree relatives.
24. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.
25. Healthcare services for adjustment of spinal subluxation.
26. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.
27. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
28. Elective diagnostic services and medical treatment for correction of vision
29. Nasal septum deviation and nasal concha resection.
30. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related investigations, treatments or procedures.
31. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A.

32. Any services related to birth defects, congenital diseases and deformities.
33. HealthcareHservicesHforHsenileHdementiaHandHIlzheimer'sHdisease.
34. Air or terrestrial medical evacuation and unauthorized transportation services.
35. Inpatient treatment received without prior approval from the insurance company including cases of medical emergency which were not notified within 24 hours from the date of admission.
36. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
37. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
38. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions); and all equipment not primarily intended to improve a medical condition or injury, including but not limited to: air conditioners or air purifying systems, arch supports, exercise equipment and sanitary supplies.
39. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
40. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or a recipient. This exclusion also applies to follow-up treatments and complications.
41. Any expenses related to immunomodulators and immunotherapy.
42. Any expenses related to the treatment of sleep related disorders.
43. Services and educational programs for handicaps.

Healthcare services outside the scope of health insurance

1. Injuries or illnesses suffered by the Insured Person as a result of any type of military operation
2. Injuries or illnesses suffered by the Insured Person as a result of war or acts of terror
3. Healthcare services for injuries and accidents arising from nuclear or chemical contamination
4. Injuries resulting from natural disasters. Including but not limited to: earthquakes, tornados and any other type of natural disaster
5. Injuries resulting from criminal acts or resisting authority by the Insured Person
6. Injuries resulting from a road traffic accident.
7. Healthcare services for work related illnesses and injuries. Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, its amendments, and applicable laws in this respect
8. All cases resulting from the use of alcoholic drinks, controlled substances, illegal drugs and hallucinating substances
9. Any investigation or treatment not prescribed by a doctor
10. Injuries resulting from attempted suicide or self-inflicted injuries
11. Diagnosis and treatment services for complications of exempted illnesses
12. All healthcare services for internationally/locally recognized epidemics
13. Healthcare services for patients suffering from and related to the diagnosis and treatment of HIV – AIDS and its complications. Also all types of hepatitis except Hepatitis A

Premiums : AED 675/- PPPY

Know Your Customer Form
UAE

MetLife

American Life Insurance Company
WILMINGTON, DELAWARE, U.S.A., INCORPORATED
1921

GULF OPERATIONS
P.O. Box 371916, Dubai, United Arab Emirates

Name of Entity (Including any other Trading Name): FIRST SOLUTION MANAGEMENT SERVICES

Legal Status / Type of Entity:

☐ Corporation / Private Limited Co ☐ Government ☐ Partnership ☑ Sole Establishment

☐ Non-Profit Org (please refer below) * ☐ Subsidiary of a listed entity (Specify Name & Where Listed)

Commercial Registration / License Number: 638502 **Expiry Date** 26/04/2016

Location: UAE ☑ **Others** (Specify)

Registered Office Address of the Entity:

BUSINESS ATRIUM BLDG. OFFICE # M05 & M06, OUD METHA ROAD, DUBAI, UAE

Trading Address of the Entity (where applicable) :

Nature of Business: ☑ Financial Institution ☐ Non-Financial Institution **Main Business Activity:**

Date of Incorporation: 27/04/2010 **Place of Incorporation:** DUBAI, U.A.E.

Telephone No: 971 - 4 - 3187303 **Fax:** 971 - 4 - 3708580

E-mail: moeenkhan@fsmss.com

Name & Country of Regulatory Body / Listing (as applicable):

Name N/A Country N/A

Name of External Auditor (if applicable): N/A

Source of funds: ☐ Operations / Trading ☐ Investments / Dividends ☐ Finance / Loans

☐ Other (please provide full details):

Politically Exposed Person Status:

Specify if any of the below is a Politically Exposed Persons (PEPs)? ☐ **YES** ☐ **NO**

☐ Authorized Signatories ☐ Senior Management ☐ Board of Directors ☐ Majority Shareholders ☐ Partners ☐ Beneficial Owners

If yes, please specify details of PEP (i.e. Name & Title)

See Appendix II for definition of PEP, Majority shareholders and Beneficial owners.

DOCUMENTS REQUIRED Original certified copies required with "originals sighted" confirmed on the documents, including date & signature of MetLife Reps / Broker Rep.

Corporations / Government / Partnership / Sole Establishment:

☑ Commercial Register trade license

☐ Authorized signatorise list / Board Resolution

☐ Latest financial report (See Appendix I)

☑ ID copy of Authorized Signatories **(where the entity is not a listed company)**

☐ Letter on company letter-head listing name, DOB, current address and nationality of all owners, shareholders and / or partners

UAE REGULATORY DECLARATION

I / We FIRST SOLUTION MANAGEMENT in our capacity as the policyholder of the group insurance policy number (4040303137) issued by American Life Insurance Company "MetLife" declare that we are aware of the provisions of:

- ✓ Law No. 23 of 2005 regarding Health Insurance In The Emirate Of Abu Dhabi And The Regulations" and its executive regulation,
- ✓ Dubai Health Authority (DHA) mandates, and the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai and The Employer Information pack circulated by DHA on **www.isahd.ae**.

أنا/نحن _____
بصفتنا المتعاقد مع الشركة الأمريكية للتأمين على الحياة "متلايف" بموجب وثيقة التأمين الجماعي رقم (_____) نقر بإطلاعنا على:

- ✓ القانون رقم 23 لسنة 2005 بشأن الضمان الصحي بإمارة أبو ظبي" واللائحة التنفيذية
- ✓ تعليمات هيئة الصحة في إمارة دبي (DHA) ، وبناء على قانون التأمين الصحي (رقم 11 لعام 2013) لإمارة دبي و كتيب المعلومات الخاصة بأصحاب العمل المعمم من قبل الهيئة على www.isahd.ae.

Section A: HAAD Declaration (Applicable for all employers)

We hereby acknowledge and confirm that none of our staff / employees / associates are working/residing within the borders of the Emirate of Abu Dhabi **except for those mentioned in the list attached to this declaration.**

Furthermore, we are committed to inform American Life Insurance company "MetLife " and the Health Authority of Emirate of Abu Dhabi immediately upon the appointment / assignment / transfer of any of our employees to Work and/or Reside within the borders of Emirate of Abu Dhabi or their residence visa to the Emirate of Abu Dhabi; we hereby accept to bear the full responsibility for any incorrectness of any of the information contained within this declaration and the list attached herein.

- ☐ **Yes, we have members who need to comply with HAAD regulation, the list and required documents attached.**
- ☑ **No, we don't have any member who needs to comply with HAAD regulation.**

وبناء عليه نقر بأن أي من الموظفين / العاملين / المتعاقد معهم من موظفي الشركة لا يعملون/يقيمون ضمن حدود إمارة أبو ظبي **باستثناء من تم التصريح عنهم بموجب الكشف المرفق بهذا الإقرار.**

وإننا نلتزم بإعلام الشركة الأمريكية للتأمين على الحياة "متلايف" والهيئة العامة للخدمات الصحة لإمارة أبو ظبي مباشرة فور تعيين / تكليف / انتقال أي من موظفي الشركة للعمل أو الإقامة ضمن حدود إمارة أبو ظبي، أو في حال كانت إقامتهم صادرة عن إمارة أبو ظبي. وإننا نتفهم بأننا نتحمل المسؤولية منفردين عن عدم صحة أي من المعلومات الواردة ضمن هذا التصريح والإقرار أو الكشف المرفق به.

- ☐ **نعم، لدينا أشخاص خاضعين لأحكام تشريعات هيئة الصحة في إمارة أبو ظبي، وتم إرفاق لائحة الأسماء و الأوراق المطلوبة.**
- ☐ **لا، ليس لدينا أي شخص يتوجب عليه الإلتزام بقوانين هيئة الصحة في إمارة أبو ظبي.**

Section B: DHA Requirements (Applicable for Dubai licensed employers)

Number of employees with a gross monthly salary of AED 4,000 or less 34

عدد الموظفين براتب شهري إجمالي من 4000 درهم أو أقل _____

Contact Person Name: MOEEN KHAN
Designation: CHIEF EXECUTIVE OFFICER
Tel No.: 04-3187333
Mobile No.: 052-6888777
Email: moeenkhan@fsmss.com
Date: 22/3/2016
Signature & Company Seal:

إسم الشخص المفوض:
المسمّى الوظيفي:
رقم الهاتف:
رقم الموبايل:
التاريخ:
الختم و التوقيع:

فيرست سوليوشن لخدمات الإدارة
P.O. Box: 60572
216 AlNasr Plaza
Oud Metha Road
Dubai - U.A.E.
FIRST SOLUTION MANAGEMENT SERVICES

Health Authority of Abu Dhabi (HAAD) regulations shall apply to all employees / dependents working and / or residing in the Emirate of Abu Dhabi or their residence visa issued from the Emirate of Abu Dhabi. Please refer to HAAD website for more information on the regulations www.haad.ae

تنطبق لوائح و أنظمة هيئة الصحة في إمارة أبو ظبي على جميع الموظفين/المعالين العاملين و/أو المقيمين في إمارة أبو ظبي أو في حال كانت إقامتهم صادرة عن إمارة أبو ظبي. لمزيد من المعلومات عن اللوائح و الأنظمة يرجى الرجوع إلى الموقع الإلكتروني للهيئة www.haad.ae

Dubai Health Authority (DHA) regulations shall apply to all the employers licensed in Dubai for any further information about DHA law and circulars you may refer to www.isahd.ae

www.isahd.ae تنطبق لوائح و أنظمة هيئة الصحة في إمارة دبي على كافة أصحاب العمل المسجلين في إمارة دبي لمزيد من المعلومات عن اللوائح و الأنظمة يرجى الرجوع إلى الموقع الإلكتروني

***Special type of customers:** Charitable / Religious / Sports / Co-Op / Prof. Societies or

☐ Trusts: Copy of letter of approval from relevant Ministry for Trusts, Societies, etc

☐ Certificate of Incorporation and / or CR copy, as applicable **or** any other equiralent legal document to prove the legal form and nature of business

☐ Trust + deed (for Trusts)

☐ ID copy of Authorized Signatory / Authorized Representative

Note: The above information and due diligence documentation are required for insurance companies / Financial Institutions as per the Insurance Authority Directive No. (16) of 2013.

Customer Declaration: The customer is acting on their own behalf:

☑ Yes ☐ No, on behalf of a Third Party

If customer is acting on behalf of a Third Party, please provide a signed statement confirming the authority of the Third

☐ Party: Attached ☑ N /A

I hereby certify that all documents provided are true copies of the original, information within this form is correct and complete, to the best of my knowledge, and I undertake to update the Insurer should any of the provided information change. I also hereby give consent to MetLife to process and use the 'Personal Data', which may include transfer of Data to jurisdiction outside UAE for the purposes of carrying out the proposed contract of insurance and / or for purposes incidental to, of the insured and the beneficiary. I am authorized to confirm the above information, and sign this Declaration on behalf of the company.

MOEEN KHAN / CHIEF EXECUTIVE OFFICER		22/03/2016
Name and Designation of the Authorized Signatory	Signature / Company Stamp	Date

Disclaimer: The Insurer hereby undertakes that all information provided by the entity will be treated as private and confidential and kept secured. The above information we have about the entity shall be used in the normal course of business of arranging and administering the policyholder insurance policy.

MetLife Authorized Representative / Broker Declaration: I hereby confirm that the above information is true and correct to the best of my knowledge and I am satisfied that the above customer does not pose a risk of money laundering to MetLife.

		D D M M Y Y Y Y
Name and Position of the Representative / Broker	Signature	Date

Appendix I: If financial information cannot be shared due to confidentiality reasons, please complete below.

I confirm and certify that the source of funds used for payment of the premium is arising from usual and legitimate business sources, in accordance with the Company's business activities.

MOEEN KHAN / CHIEF EXECUTIVE OFFICER		22/03/2016
Name and Position of the Representative / Broker	Signature / Company Stamp	Date

Appendix II

A Politically Exposed Person (PEP) is an individual who is, or has been, entrusted with prominent public functions. Individuals who are family members or close associates of PEPs are considered as falling under the definition of a PEP.

- Majority Shareholders persna (s) who own 25 % shares or more on the company
- Beneficial owner(s) natural or legal Persona (s) who ultimately owns customer's assets and / or on whose behalf a transaction is being condected and or who exercise ultimate effective control over a legal person or arrangment.
- Personal Data means all information relating to me (whether marked "personal" or not) disclosed to MetLife by whatever means either directly or indirectly which concerns, including but not limited to, my medical conditions, treatments, prescriptions, business, operations, contact details, account balances / activities or any transactions undertaken with MetLife."